

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

Plaintiff(s),

(Name)

(Address)

(Name)

(Address)

vs

Defendant(s),

(Name)

(Address)

(Name)

(Address)

SMALL CLAIMS DIVISION

CROSS-CLAIM AGAINST COPARTY

Small Claim No.: _____

Date Filed: _____

I, _____, as cross-claimant hereby demand
from _____ (state name(s) of
party(ies) against whom the demand is made) the amount of \$ _____ based on
_____ (state briefly the basis for the demand).

Signature:

[Name] /s/ _____

[Law firm] _____

[Mailing Address] _____

[Telephone Number] _____

[E-mail Address] _____

[Additional E-mail Address] _____

If you require the assistance of auxiliary aids or services to participate in court because of a disability, immediately call your district ADA coordinator (information at www.iowacourts.gov/Representing_Yourself/ADAAccess). If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.